

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850

DEC 05 2006



Center for Medicaid and State Operations  
Disabled and Elderly Health Programs Group (DEHPG)

November 27, 2006

John Chappuis  
State Medicaid Director  
Montana Department of Public Health and Human Services  
P.O. Box 4210  
111 North Sanders  
Helena, Montana 59602-4210

Dear Mr. Chappuis:

I am pleased to inform you that your request to implement Montana's Home and Community-Based Services Waiver for adults with severe disabling mental illness has been approved. This waiver has been assigned CMS Control Number MT 0455, which should be referenced on all future correspondence relating to this waiver.

Based upon the assurances you provided, we approve this waiver with an effective date of December 1, 2006. Specifically, you requested this waiver to serve 125 adults with severe disabling mental illness over the initial three year period. The waiver offers the following services: case management, homemaker, adult day health, habilitation, respite, adult residential care, chemical dependency counseling, dietician, transportation, psychosocial rehabilitation, supported living, illness management and recovery, private duty nursing, wellness recovery action plan, personal assistance, and chore. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved.

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Average Per Capita Cost of Waiver Services (Factor D)</u>
1	105	\$15,227
2	125	\$13,521
3	125	\$13,647

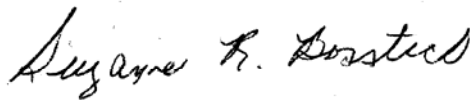
This approval is subject to your agreement to serve no more individuals than those indicated above. If the State should choose to make alterations to this waiver, an amendment must be submitted for approval. The waiver can be renewed at the end of the three-year period by providing documentation of satisfactory performance and oversight.

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As discussed with members of your staff during negotiations, Montana will provide information on rules promulgated related to the implementation of this waiver as soon as the information is available.

We appreciate the cooperation and effort provided by you and your staff during our review of your request. Please contact Mary P. Sowers, of my staff at 410-786-6814 with any questions related to this approval.

Sincerely,

A handwritten signature in cursive script, reading "Suzanne R. Bosstick".

Suzanne Bosstick, Director  
Division of Community and Institutional Services

cc: Mary Kissell, Denver Regional Office